

Transport Pet History Form

Please complete entire form

Date of Transport: _____ Pet's Name: _____

Date & Time Pet Last Ate: _____ Personal items transported with pet today: _____

Phone number(s) where you can be reached today: _____

Date of last flea preventative and name of product: _____

Date of last heartworm preventative and name of product: _____

Type of food this pet eats: _____

In the past 2 weeks, have you noticed any of the following symptoms in this pet? (please circle)

Cough

Sneeze

Vomit

Loose Stool/Diarrhea

Scotting

If yes, please describe: _____

Please list any medical concerns or questions you have for your veterinarian for today's appointment below (**continue on reverse if necessary**):

During the physical examination, we may discover necessary treatment(s) your pet would benefit from, such as cleaning the ears or expressing the anal sacs. May we perform treatment without contacting you first as long as the additional invoice total does not exceed \$50?

(Please circle) **YES NO**

Please **check** any of the following additional services you would like us to perform today, with the understanding that *there will be a charge for these procedures*:

Nail trim/Pedicure

Nail grinding (dogs only)

Ear cleaning/wax removal

Anal sac expression

[DOG OWNERS ONLY]: I authorize All 4 Paws Animal Hospital to walk my pet outdoors on a leash (**Please circle**) **YES NO**

In order to prevent the spread of infectious disease, I authorize All 4 Paws Animal Hospital to administer a Rabies vaccine, and/or flea or tick medication to my pet, **at my expense**, if deemed necessary

I, the undersigned, am the owner or authorized agent of the owner of the pet named above, and have the authority to consent to medical procedures. I authorize All 4 Paws Animal Hospital to obtain all medical records regarding my pet from any/all other hospitals where my pet has been treated or examined and to release all medical records regarding my pet to any other hospital. I understand that All 4 Paws Animal Hospital will exercise every reasonable precaution to ensure the safety of my pet while in their care but there is a risk of complication(s) with any medical procedure, treatment, vaccination, surgery or anesthesia including the possibility of death. The nature and risks of such complications have been explained to me and any questions have been answered so I authorize and direct the veterinarians of All 4 Paws Animal Hospital to perform the procedures, diagnostics, and treatments for my pet listed on my treatment plan with my consent. I understand that there is no guarantee of the results of any therapy. I understand that if my pet has an infectious disease that requires my pet to be housed in the isolation ward, or if my pet stays overnight, **I will be charged a hospitalization fee. I agree to pay, in full, for services rendered. I understand that payment is due and expected by 3pm on the day service is rendered.** If I do not arrange for my pet to be picked up in at least ten (10) days of the date above, All 4 Paws Animal Hospital is to assume that my pet has been abandoned and is authorized to make arrangements for the pet's care as All 4 Paws Animal Hospital deems necessary.

Signature

Printed Name